



Making a Difference . . .

Unique Developmental Needs of the Children of Adolescent Parents

ISSUE IN BRIEF

Children of adolescent parents face an increased risk of poverty, incarceration, dropping out of school, and/or becoming a teen parent themselves. For these reasons, programs must be created and implemented that oversee health and safety concerns, and ensure quality education for both parent and child. In order for children to be successful, they need stable, self-actualized parents whom they can emulate and learn from. Thus, the more training and encouragement allotted to adolescent parents, the more promising their children's future will be. Healthy Teen Network believes that the children of adolescent parents can experience favorable outcomes when adequate, developmentally appropriate, comprehensive support is provided to them and their young families.

Putting Healthy Teen Network's Advocacy Resource Guides to Work

You can use Healthy Teen Network's Advocacy Resource Guides to:

1. Urge local and state policymakers to address issues that are important to the health and success of today's youth.
2. Educate school administrators or health care officials about unique issues facing adolescents.
3. Engage with the media (e.g., in a letter to the editor or an interview) using effective language to frame an issue facing youth.
4. Present to funders on why they should invest in your work with or on behalf of youth.
5. Connect to more information on youth issues and other organizations advocating for youth.

BACKGROUND INFORMATION

The Concern

Children of adolescent parents present unique developmental needs, stemming from the circumstances into which they are born. Young women who deliver babies prior to completion of high school are more likely than their peers to have had academic difficulty, school failure,^{i,ii,iii} and mental health problems such as depression and anxiety.^{iv,v,vi} Young mothers are more likely to be survivors of sexual, emotional, or physical abuse and they are more likely than their peers to have been raised by teen mothers themselves.^{vii,viii,ix,x} While we know less about teen fathers, they share many of the same risk factors as teen mothers. Teen mothers and fathers are adolescents and face the same developmental challenges as their non-parenting peers, such as developing cognitive and social-emotional capabilities. Furthermore, most children born to adolescent parents are born into poverty, which has a fundamental link with a range of negative outcomes.

“All children need healthy, nurturing, stable relationships, and to experience protective factors during early childhood.”

The relationships children have with their primary caregivers are the most influential in determining the outcomes of their lives.^{xi,xii,xiii} This will most likely be achieved when both mothers and fathers have security and stability in their own social, emotional, economic, and residential lives. Given the competing dynamics of adolescence and the demands of parenthood, it is incumbent upon families, communities, and society to provide supportive scaffolding to teen parents to ensure their children grow healthy and safe and reach school ready to learn.^{xiv,xv,xvi}

Prevalence

Although adolescent pregnancy and birth rates are at a record low in the United States, there is still a significant amount of teen families. In 2004, the birth rate of children born to 15 to 19 year olds decreased to 41.1% (per 1,000 adolescent females), and births to 15 to 17 year olds was 133,980.^{xvii} Teen pregnancy and subsequent parenthood has a substantial influence on future educational attainment and increased levels of poverty. Adolescent childbearing reduces the chances of graduating from high school by the age of 25 from 90% (amount of non-teen parents who graduate) to 60%. And once teen mothers are out of school, the likelihood of reenrollment greatly decreases.^{xviii} Poverty contributes to the causes of adolescent childbearing, which in turn compounds and perpetuates poverty. Eighty-three percent of young women who deliver infants in their teens are poor prior to their pregnancies. Consequently, the chances are great that children born to teen parents will be raised in poverty.^{xix}

Impact on Behavior

Children raised in poverty are less likely to have adequate nutrition, health care, and child development programming, as well as safe, stable, and supportive housing. Additionally, children of teen mothers face increased health risks, including premature birth and low birth weight. These complications raise the probability of infant death, blindness, deafness, chronic respiratory problems, mental retardation, mental illness, and cerebral palsy. They also increase the later chance of dyslexia or hyperactivity.^{xx} When multiple risk factors are present, the detrimental effects are compounded.^{xxi, xxii,xxiii}

The children of teen parents are more likely than those born to adult women to experience adolescent childbearing, homelessness, juvenile delinquency, and incarceration.^{xxiv, xxv} Children of teen parents are less likely to use contraception on a regular basis and more likely to become sexually active by the age of 14, therefore increasing their chances of becoming a teen parent themselves.^{xxvi} In terms of education, children of teen parents are 50% more likely to repeat a grade and are less likely to graduate from high school than children of adult parents. They also score lower on standardized tests.^{xxvii} With appropriate and timely interventions, many of these negative outcomes can be prevented.^{xxviii}

RESOURCES

Planned Parenthood Federation of America, Inc.

<http://www.plannedparenthood.org/>

The Parenting Project

<http://www.parentingproject.org/>

National Network for Child Care

<http://www.nncc.org/>

Educating Children for Parenting

www.ecparenting.org

Unique Developmental Needs of the Children of Adolescent Parents

There is considerable evidence that investing in these programs is cost-beneficial and produces substantial public return.^{xxix, xxx}

Attention to early relationships is the key to success in school and in later life. Cognitive development depends upon secure emotional and social development. Evaluations from numerous comprehensive family support interventions and high quality preschool programs indicate that the children of teen parents and their families benefit greatly from an investment that responds to the complex social and developmental facets of young families.^{xxxi, xxxii, xxxiii, xxxiv} Further, there is strong evidence that school-based interventions for adolescent parents and their children with on-site child development programming and case management services can produce positive outcomes for adolescent parents.^{xxxv, xxxvi, xxxvii}

ACTION RECOMMENDATIONS

Healthy Teen Network makes the following recommendations based on our values and currently available evidence of the effectiveness of various strategies. We strongly believe that adolescent parents are highly motivated to provide better lives for their children and that many of the more vulnerable children will have positive outcomes if the recommendations below are implemented.

Awareness

- ✓ Given the complexity of these issues, Healthy Teen Network recommends the development of comprehensive, community-wide, coordinated systems that address the unique needs of pregnant and parenting adolescents and their children. Such a system would coordinate:
 - the planning and implementation of programmatic options;
 - the outreach and identification of pregnant and parenting teens;
 - informing adolescent parents of their options;
 - a system-wide tracking of services provided with outcomes; and
 - a system-wide review of progress that includes the capacity to adapt to better meet the needs of young families.

Education

- ✓ Healthy Teen Network recommends ongoing professional development, training, supervision, and support on the unique developmental needs of adolescent parents and their children for all providers who serve this population.
- ✓ Healthy Teen Network recommends adolescent parents receive information and clinical services regarding their reproductive health needs, given that secondary pregnancy prevention is critical and many adverse maternal and child outcomes are prevented by the delay of rapid subsequent childbearing.
- ✓ Healthy Teen Network recommends the infusion of family literacy activities in all programs that serve the children of adolescent parents to improve school readiness and increase opportunities for eventual academic achievement and economic independence.

Support Systems

- ✓ Healthy Teen Network recommends expansion and replication of evaluated comprehensive programs that support the simultaneous development of pregnant and parenting adolescents and their children as well as foster innovative multi-generational efforts. Resources should be directed at building program capacity and conducting evaluations of these efforts to improve the knowledge base on effective strategies.
- ✓ Healthy Teen Network recommends young families receive comprehensive family support services designed to address their complex needs, build their resilience, and expand their protective factors.

Unique Developmental Needs of the Children of Adolescent Parents

- ✓ Healthy Teen Network encourages family-based preventive care for the health, well being, and mental health of adolescent mothers, fathers, and their children. This care should include:
 - comprehensive home-based postpartum maternal-child health services,
 - access to regular pediatric preventive health care,
 - early identification and treatment for mental health and developmental needs, and
 - promotion of optimal nutrition (including breastfeeding when possible), safety, growth, and development.
- ✓ Healthy Teen Network recommends young parents receive support to complete high school and pursue post-secondary education and training, given the factor most closely correlated with positive school outcomes for the child is the level of educational attainment of the child's mother. Every effort must be made by schools and other community institutions to identify pregnant and parenting school-age adolescents and link them to regular and alternative school settings.

Behaviors

- ✓ Healthy Teen Network recommends development and expansion of policies and programs that address racial, ethnic, and social justice in access to health care, affordable housing, safe neighborhoods, quality education, and living wages.
- ✓ Healthy Teen Network recommends programs that care for young families address personal safety issues, trauma, and abuse prevention to ensure safe and secure environments for all families.
- ✓ Healthy Teen Network recommends that, to the extent possible, practitioners assisting young families provide support and build on the strengths of the mother, the father, and both their families.

Funding

- ✓ Healthy Teen Network recommends additional resources be allocated by federal, state, and local governments to support programs that improve the health and developmental outcomes of pregnant and parenting adolescents and their children.

ABOUT HEALTHY TEEN NETWORK

Healthy Teen Network (HTN) is a national membership organization that provides resources and services to professionals working in the field of adolescent reproductive health – specifically teen pregnancy prevention, teen pregnancy, and teen parenting.

Healthy Teen Network believes youth can make responsible decisions about sexuality, pregnancy and parenting when they have complete and accurate information, resources, and support that are culturally relevant and appropriate to their age, gender, and developmental stage.

REFERENCES

Unique Developmental Needs of the Children of Adolescent Parents

- ⁱ Hofreth S., Reid L., & Mott F. L. (2001). The effects of early childbearing on school over time. *Family Planning Perspectives* 33(6):259-67.
- ⁱⁱ Klepinger, D. H., Lundberg, S., & Plotnick, R. D. (1995). Adolescent fertility and the educational attainment of young women. *Family Planning Perspectives* 27(1):23-28.
- ⁱⁱⁱ Rauch-Elenkave, H. (1994). Teenage motherhood: Its relationship to undetected learning problems. *Adolescence* 29(113):91-102.
- ^{iv} Moore, M. R., & Brooks-Gunn, J. (2002). Adolescent parenthood. In E. In M. Bornstein (Ed.), *Handbook of parenting* (2nd ed.) (Vol. 4, pp. 173-214). Mahwah, NJ: Earlbaum.
- ^v Osofsky, J., Hann, D. & Peebles, C. (1994). Adolescent motherhood: Risks and opportunities for mothers and infants. In C. Zeanah (Ed.). *Handbook of infant mental health* (pp. 106-118). New York: The Guilford Press.
- ^{vi} Panzarine S., Slater E., & Sharps P. (1995). Coping, social support, and depressive symptoms in adolescent mothers. *Journal of Adolescent Health* 17:113-9.
- ^{vii} Furstenberg, F. F. Jr., Levine, J. A., & Brooks-Gunn, J. (1990). The children of teenage mothers: Patterns of early childbearing in two generations. *Family Planning Perspectives* 22:54-61.
- ^{viii} Stevens-Simon, C., & Reichert, S. (1994). Sexual abuse, adolescent pregnancy and child abuse. *Archives of Pediatric and Adolescent Medicine*, 148, 23-27.
- ^{ix} Stock, J., Bell, M., Boyer, K., & Connell, F. (1997). Adolescent pregnancy and sexual risk-taking among sexually abused girls. *Family Planning Perspectives*, 29(5), 200-203, 227.
- ^x Zuravin, S., & DiBlasio, F. (1996). The correlates of child physical abuse and neglect by adolescent mothers. *Journal of Family Violence*, 11(149-166).
- ^{xi} Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M., Howes, C., Kagan, S. L., Yazegian, N., Byler, P., Rustici, J., & Zelazo, J. (1999). The children of the cost, quality, and outcomes study go to school: Executive summary. Chapel Hill, NC:University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.
- ^{xii} Thompson, R. A. (1999). Early attachment and later development. In *Handbook of Attachment: Theory, Research, and Clinical Application* Cassidy, J. & Shaven, P. R., eds. New York. Guilford Press.
- ^{xiii} Zeanah, C. H., Boris, N. W., & Larieu, J. A. (1997). Infant development and infant risk: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry* 36(2):165-178.
- ^{xiv} Flanagan, P. F., McGrath, M. M., Meyer, E. C., & Garcia Coll, C. (1995). Adolescent development and the transitions to Motherhood. *Pediatrics*, 96, 272-277.
- ^{xv} Sadler, L. S., & Cowlin, A. (2003). Moving into parenthood: A program for new adolescent mothers combining parent education with creative physical activity. *Journal of Specialists in Pediatric Nursing*, 8, 62-70.
- ^{xvi} Seitz, V., & Apfel, N. H. (1999). Effective interventions for adolescent mothers. *Clinical Psychology-Science & Practice*, 6(1), 50-66.
- ^{xvii} Martin JA, Hamilton BE, Sutton PD, et al. (2006). Births: Final data for 2004. *National vital statistics reports*, 55(1). Hyattsville, MD: National Center for Health Statistics. Retrieved October 13, 2006, from http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_01.pdf
- ^{xviii} Pasarell, Shelby. (1995) Adolescent Childbearing and Educational and Economic Attainment. Advocates for Youth: Retrieved October 13, 2006, from <http://www.advocatesforyouth.org/PUBLICATIONS/factsheet/fsadlchd.htm>
- ^{xix} Teen Sex and Pregnancy, *Facts in Brief* (1999) Alan Guttmacher Institute.
- ^{xx} National Campaign to Prevent Teen Pregnancy. *What Docs Should Know About...The Impact of Teen Pregnancy on Young Children*. Retrieved October 13, 2006, from <http://www.teenpregnancy.org/resources/reading/pdf/tots.pdf>

Unique Developmental Needs of the Children of Adolescent Parents

- ^{xxi} Escalona, S. K. (1982). Babies at double hazard: Early development of infants at biologic and social risk. *Pediatrics* 70(5): 670-676.
- ^{xxii} Magnuson, K. A., & Duncan, G. J. (2002). Parents in poverty. In M. Bornstein (Ed.), *Handbook of parenting (2nd ed.)* (Vol. 4, pp. 95-121). Mahwah, NJ: Earlbaum.
- ^{xxiii} Annie E. Casey Foundation (2003). Kids count data book. Baltimore: The Annie E. Casey Foundation.
- ^{xxiv} Furstenberg, F. F. Jr., Levine, J. A., Brooks-Gunn, J. (1990). The children of teenage mothers: Patterns of early childbearing in two generations. *Family Planning Perspectives* 22:54-61.
- ^{xxv} Maynard, R. (1996). *Kids Having Kids* A Robin Hood Foundation Special Report on the Cost of Adolescent Childbearing.
- ^{xxvi} Pasarell, Shelby. (1995) *Adolescent Childbearing and Educational and Economic Attainment*. Advocates for Youth: Retrieved October 13, 2006, from <http://www.advocatesforyouth.org/PUBLICATIONS/factsheet/fsadlchd.htm>
- ^{xxvii} National Campaign to Prevent Teen Pregnancy. *What Docs Should Know About...The Impact of Teen Pregnancy on Young Children*. Retrieved October 13, 2006, from <http://www.teenpregnancy.org/resources/reading/pdf/tots.pdf>
- ^{xxviii} National Research Council Institute of Medicine. (2000). *From neurons to neighborhoods*. Washington DC: National Academy Press.
- ^{xxix} Masse, L., & Barnett, W. S. (2002). A Cost-Benefit Analysis of the Abecedarian Early Childhood Intervention, National Institute for Early Education Research.
- ^{xxx} Rolnick, A., & Grunewald, R. (2003). Early childhood development: Economic development with a high public return. FedGazette. Retrieved September 9, 2003, from <http://www.jminneapolisfed.org/pubs/fedgaz/03-03/earlychild.cfm>
- ^{xxxi} Barnett, W. S. (1996). Lives in Balance: Age 27 Benefit Cost Analysis of the High/Scope Perry Preschool Program. Monographs of the High/Scope Educational Research Institute. Ypsilanti MI High/Scope Press.
- ^{xxxii} Campbell, F. A., Ramey, C. T. (1999). *Early Learning, Later Success - The Abecedarian Study* Frank Porter Graham Child Development Center.
- ^{xxxiii} Love, J., Kisker, E. E., Ross, C., Schochet, P., Brooks-Gunn, J., Paulsell, D., et al. (2002). *Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start*.
- ^{xxxiv} Olds, D. L., Henderson, C. R., Kitzman, H., Eckenrode, J. J., Cole, R. E., and Tatbalm, R. C. (1999). Prenatal and infancy home visitation by nurses: Recent findings. *The Future of Children* 9(1):44-65.
- ^{xxxv} Polit, D. F. (1989). Effects of a comprehensive program for teenage parents: Five years after project redirection. *Family Planning Perspectives*, 21, 165-187.
- ^{xxxvi} LEAP: Final Report on Ohio's Welfare Initiative to Improve School Attendance Among Teenage Parents, Manpower Development Research Corporation, New York, New York, 1997.
- ^{xxxvii} Williams, E. G., & Sadler, L. S. (2001). Effects of an urban high school-based child care center on adolescent parents and their children. *Journal of School Health*, 71, 47-51.

© 2003 Healthy Teen Network. Approved and Adopted by the Healthy Teen Network Board of Directors November, 2003.

If you use material from Healthy Teen Network, the following acknowledgement must be included:
Grateful acknowledgement is made to Healthy Teen Network for the use of the following materials: [insert here]